#### DISPOSITION WORKSHEET

Re: IV2472334 / SH2445343

Subject: Jose J. Morales #

Investigator: Jeremy M. Carr, Internal Affairs Bureau

Advocate: Andrew B. Cruz, Advocate

#### DISPOSITION OF CHARGES

The following potential charges were prepared by the Advocacy Unit. Please indicate your disposition of the potential charges, and put any additional sustained charges (with reference to the investigation) on attached sheet(s).

### Potential Charge(s):

The evidence in this investigation supports the following charges:

- 1. That in violation of Manual of Policy and Procedures Section 3-01/030.10 Obedience to Law, Regulations, and Orders, as it pertains to 3-10/150.00, Tactical Incidents, on or about January 16, 2018, Subject Jose Morales, while on-duty and assigned to Compton Sheriff's Station, failed to perform his duties in a manner which established and maintained the highest standard of efficiency in carrying out the functions and objectives of the Department, when he utilized strategies and/or tactics which failed to comply with Department policies, procedures, and/or training as evidenced by, but not limited to:
  - a. leaving his tactical position of advantage, and willingly running past a vehicle
    where the occupants had not been searched, therefore leaving his partner to deal
    with three (3) potential suspects; and/or,
  - positioning himself in an area and/or manner that lacked and/or had limited cover and/or avenues of escape and offered a significant advantage to an armed suspect.
- 2. That in violation of Department Manual of Policy and Procedures Section 3-01/030.10, as it pertains to Section 3-0/3/210.05, Revolver/Semi-Automatic Pistols (On and Off Duty), on or about January 16, 2018, Subject Morales, while on duty and assigned to Compton Sheriff's Station, failed to comply with Department policies, procedures, and/or training, when he possessed and/or utilized a magazine that was not loaded to the manufacturer's specified capacity.

Evidence Reference:
Defenses/Conflicting Evidence:
<u>Disposition:</u>
_X_ Charge founded as delineated
Charge founded as modified
Charge unresolved
Charge unfounded
Discipline Assessment
Review of Applicable Guidelines for discipline Section:
The Department's Guidelines for Discipline (Revised September 28, 2012) lists the following Analogous misconduct with associated disciplinary penalties:

Conduct

**Standard Discipline** 

Obedience to Laws, Regulations and Orders

Written to Discharge

- MPP 3-10/150.00 Tactical Incidents
- MPP 3-03/210.05, Revolver/Semi-Automatic Pistols (On and Off Duty)

## **Determination of Discipline:**

Based upon the attached assessment of mitigating and aggravating factors, the following discipline has been determined to be appropriate. This discipline is subject to revision upon receipt of the subject's response of grievance.

	Discharge
	Reduction in Rank
	Suspension with loss of pay and benefits for days
	Written Reprimand
X	No Discipline

### **Assessment of Mitigating and Aggravating Factors:**

The following describe the mitigating and aggravating factors in the determining the discipline in this investigation. Those factors include:

Intent Truthfulness

Past Performance Severity of Infraction

Degree of Culpability Acceptance of Responsibility

Disciplinary History Other Factors

Management has considered the subject's performance, which is documented in the Subject's Department personnel file, and those documents not contained in that file which are attached to the disposition worksheet.

## Los Angeles County Sheriff's Department Officer Involved Shooting

	1/2					age 1 of 3
Report Date: 10/23/2018	Bureau/Station/Facility Central Pa	atrol Division / Corr	pton Sta	ation Adr	nin. Invest,?	Hit?
		Incident Informati	ion			
URN: 018-00	794-2846-055	Date:	01/16/	18	Time:	1654
Location:	ompton Station h Boulevard, Compton,	ensued. While	traversi	eputies upon con ng a stairwell, the volved shooting o	suspect p	
Location Type (check one or mare):    Backyard   Beach   Business   Freeway   Industrial   Park   Parking Lot   Residence   Rural   School   Street   Other: Stairwell	Lighting (check only one):  Darkness  Daylight Other Street Lights  Weather (circle only one):  Clear Cloudy Fog Rain  Distance:	Incident Type (check	оле от тю	☐ Arret ☐ Call ☐ Obse ☐ One ☐ Othe ☐ Sear ☐ Two  Prior Act ☐ Dete ☐ Inma	ch Warrani Person Unit vity (check or ctive te Transport	
Total # of Shots Fired by Deputy 1	Total # of Shots Fired by Suspect O	Other: Employee Witness		Aero	Unit?	Canine Unit?
Employee # Last N Employee # Last N Employee # Last N	Jimenez Isme Fi Ververa	rst Name Sergio rst Name Gabriela rst Name Kevin	M.I. S	ShiftTime (check only one  EM PM Day  ShiftTime (check only one  EM PM Day  ShiftTime (check only one  EM PM Day  ShiftTime (check only one	Regular [   ShiftType (c)     Regular [   ShiftType (	theck anly one):  Overtime Off Duty theck anly one): Overtime Off Duty check anly one): Overtime Off Duty
Last Name	City	lon-Employee Witn	First Na			M.I.
Last Name			First Na	me		M.I.
Street Add	City		First Na			M.J.
Street Address	City	Supervisors	Zip Cod	Work Ph	0.8	lome Ph
Employee # Last Name	Spencer	Name Arturo	R.	(check one or more):  ☑ On Duty ☐ Present during sho	-	Mitness to shooting nvolved in shooting
Employee # Last Name	Ververa	Rame Gabriela		check one or more) On Duty Present during sho		Witness to shooting nvolved in shooting
Employee # Last Na	me Thoma	Watch Sergean		t Name Arti	nur	M.I. R.
		Watch Command	ler			
Emriovee # Last Na	me Tiwar	i	Firs	t Name Ke	vin	M.I.

11 14	 132	y Çibe	13.14
SH#	 244	5343	

## Officer Involved Shooting VIRN:

ÚRN: 018-00794-2846-055

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					Dalland Information				
Arriva	Date	I A	mival Time		Rollout Information Date Submitted		Date of Recommendation		
Amira	01/16/18	3	Time.	1950	10	23/18	Date of recommendation		
Emplo	Lest	Name		Ca	rr	First Name	Jeremy		M.I. M.
Emplo	yee # Last	Name				First Name			M.I
Emplo	ye <del>c</del> # Last	Name		Din		First Name	Minh		M.I.
		- 0					iviinn		G.
				Shoo	ting / Force Inform	ation			
Meth						Type	of Injury	Body	Part Injured
	Arwen Baton:(Control) Baton:(Impact) Bodily Fluids Canine Carotid Restraint Choke Hold Control Holds:(Control Control Holds:(Takedo Chemical Chemical Agents (OC Chemical Agents (Tea Explosives Firearm (Handgun) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight Other Weapon: Edged	"akedown) wm) Spray) r Gas)	(O)	Other Weaps Personal We Personal We Personal We Personal We Resistance Restraint De Restraint De Restraint De Restraint De	on: Blunt Object on: Other sapon: Feet/Leg: (Kick) sapon: Feet/Leg: (Sweep) sapon (Hand/Arm) sapon (Push) sapon (Other) vice (Capture Net) vice (Handcuffs) vice:Hobble (Legs Only) vice: REACT Bett	(AB) (BR) (BU) (CP) (CO) (DH) (DI) (DB) (FR) (GS) (HB) (LC) (ND) (OD) (PW) (SD) (ST) (UN)	Abrasion Bruise Bum Complaint of Pain Concussion Death Dislocation Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious	(AD) (AK) (AK) (BK) (BCH) (CEL) (FE) (GER) (FE) (GER) (HE) (SEE) (CEL) (FE) (GER) (HE) (SEE) (SEE)	Abdomen Anide Arm Back Buttocks Chest Elbow Face Feet Fingers Genitals Groin Hand Head Hip Internal Knees Leg Neck Shoulder
Bran (AK) (BN) (BR) (CH) (CO) (DA) (GL) (HA) (HI) (HK)	AK-47 Benelli Beretta Browning Charter Arms Colt Davis Industries Glock Harrington & Richards Hi Standard H & K Ithica	(IV) (JE) (LO) (LU) (MA) (MO) (NC) (NA) (NO) on (RA) (RM) (RG)	lver Johnson Jennings Lorcin Luger Martin Mossberg NCI aka SKS North Americ Norinco Raven Remington RG RGI	(SW) (SR) (SS) (ST) (TA) (WE)	Rossi Smith & Wesson Sturn Ruger SIG Sauer Sterling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inmate) Other Brand	(10) 10 (12) 12 (20) 20 (21) .2 (22) .2	Refused Med Treatment NONE  Pr  9 mm (24) .243 ct 0 mm (25) .25 ct 2 guage (30) .308 ct 0 guage (35) .357 ct 2-250 (38) 30-80 dt 22 caliber (38) .35 ct 23 caliber (40) .40 ct	iber (4 aliber (5 aliber (5 caliber (5 iber (1)	41) .410 guag 44) .44 caliber 45) .45 caliber 50) 50 mm SL) Slug WW) Other calls

## FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S#1	E#1	UC					NN	
S#1	E#1	FH	ZZ	22			NN	
E#1	S#1	FH	SW	9	Υ	Υ	NN	
-								

## Officer Involved Shooting Involved Employee Information

URN: 018-00794-2846-055

		HIVOIVE	d Employee		
Employee #	Last Name	Morales		First Name Jose	M.L.
Sex: M Race:	Rank: DSG	Unit Assignme	nt: ton Station	Work Assignment (Unit #, Module, 281F	etc.):
ShiftTime (circle only one)	ShiftType (circle only one)  Regular Overtime	1		Substance Used:	
Hospital Admission?	Hospital Name;	Coroner Case	17	Coroner Case #	Interviewed
Hrs of sleep prior to shoot	ing: Duty Time (hrs): 10	Clothing (circle only one).  Plain Clothes no Vest	Raid Jacket w/ Vest	Other Factors:	
Age: Height:	508 Weight: 185	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest  Uniform w/ Vest		
Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Shoo	Shootings:	Directed Force:
Weapons Fired Brand: S	&W Caliber 9M	M #Shota 1	Weapons Fired Brand:	Caliber	# Shots
Field Training Officer Emp				First Name	M.I.
Freid Training Officer Emp	o # set feame			First Name	M.t.
Employee #	Last Name			First Name	M.I.
Sex: Race:	Rank;	Unit Assignme	nt	Work Assignment (Unit #, Module,	etc.)
ShiftTime (circle only one)	ShiftType (circle only one) Regular Overtime	. Introvination/Dr	rug Usage?	Substance Used:	
Hospital Admission?	Hospital Name:	Coroner Case	7 🗍	Coroner Case #	Interviewe
Hrs of sleep prior to shoot Age: Height:	Weight:	Clothing (circle only one).  Plain Clothes no Vest Plain Clothes w/ Vest Raid Jacket no Vest	Raid Jacket w/ Vest Uniform no Vest Uniform w/ Vest	Other Factors:	
Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Sho	otings? Number of Prior Shootings:	Directed Force:
Weapons Fired Brand	Caliber	# Shots	Wespons Fired Brand:	Caliber	# Shots
Field Training Officer Emp	# Last Name			First Name	M.I.
Field Training Officer Emp	# Last Name			First Name	M.I.
Employee #	Last Name			First Name	M.L
Sex: Race:	Rank:	Unit Assignmen	nt	Work Assignment (Unit #, Module,	etc.)
ShiftTime (circle only one):	ShiftType (circle only one):  Regular Overtime		rug Usage?	Substance Used:	
Hospital Admission?	Hospital Name:	Coroner Case	7 🗆	Coroner Case #	Interviewed
Hrs of sleep prior to shoot	ng. Outy Time (hrs):	Clothing (circle only one).  Plain Clothes no Vest	Raid Jacket w/ Vest	Other Factors:	
Age: Height:	Weight:	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest Uniform w/ Vest		
Range Qualification Date:		PPC Qualification Date.		Laser Training Date	
Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Sho	Shootings:	Directed Force:
Weapons Fired Brand	Caliber	# Shots	Weapons Fired Brand:	Caliber	# Shots
Field Training Officer Emp	# Last Name			First Name	M.I.

## Officer Involved Shooting Suspect Information

URN:

018-00794-2846-055

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		\$	uspect	Information			
<b>S</b> 1	Last Name	Douglas		First Name		David	M.I. E.
	AKA Last Name			First Name		SY	M.I.
	Sex: M Race: B	Street Address		City		31	State & Zip Code
	Work Phone:	Home Phone	Social Sec	Curity #		Driver's License	
	Age: 26 D.O.B. 10/01/91	Height: 600 Weight: 160	FBI#			CII #	
	Booking # 5206275	Primary Charge: 664/187		Secondary C	harge:		*****
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?		Substance Used:	
	Armed?	Apprehended?		Mental Illness?		Criminal History?	
	Vehicle Make Model	Year.	Paro	ole: No Proba	tion: Ye	s Prior Felony	Conviction: Yes
s	Last Name			First Name			M.I.
	AKA Last Name			First Name			M.I.
	Sex: Race:	Streef Address:	-	City			State & Zip Code:
	Work Phone:	Home Phone:	Social Sec	curity #:		Driver's License #	
	Age: D.O.B.	Height: Weight:	FBI#			CII #	
	Booking #	Primary Charge:		Secondary C	harge:		
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	П	Substance Used:	
	Armed?	Apprehended?		Mental Iliness?	_	Criminal History?	
	Vehicle Make Model	Year:	Paro	le: Probat	tion:	Prior Felony	Conviction:
s	Vehicle Make Model  Last Name	Yeac	Paro	First Name	tion:	Prior Felony	Conviction:
s		Year	Paro		tion:	Prior Felony	
s	Last Name	Year: Street Address:	Paro	First Name	tion:	Prior Felony	M.I.
s	Last Name  AKA Last Name		Paro Social Sec	First Name First Name City	tion:	Prior Felony  Driver's License #	M.I.
s	Last Name  AKA Last Name  Sex: Race;	Street Address:		First Name First Name City	tion:		M.I.
s	Last Name  AKA Last Name  Sex: Race;  Work Phone:	Street Address: Home Phone:	Social Sec	First Name First Name City		Driver's License #	M.I.
S	Last Name  AKA Last Name  Sex: Race;  Work Phone:  Age: D.O.B.	Street Address: Home Phone; Height: Weight:	Social Sec	First Name First Name City		Driver's License #	M.I.
s	Last Name  AKA Last Name  Sex: Rece;  Work Phone:  Age: D.O.B.  Booking #	Street Address: Home Phone: Height: Weight: Primary Charge:	Social Sec	First Name First Name City Secondary C		Driver's License # C# # Substance Used: Criminal History?	M.I. M.I. State 8 Zip Code:
\$	Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #	Social Sec	First Name First Name City Curity #:  Secondary Ci Intoxication/Drug Usage? Mental Illness?	harge:	Driver's License # C# # Substance Used:	M.I. M.I. State 8 Zip Code:
	Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Sec	First Name First Name City Curity #:  Secondary Ci Intoxication/Drug Usage? Mental Illness?	harge:	Driver's License # C# # Substance Used: Criminal History?	M.I. M.I. State 8 Zip Code:
S	Last Name  AKA Last Name  Sex: Race;  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Sec	First Name First Name City  Secondary City  Intoxication/Drug Usage?  Mental Illness?  Probat	harge:	Driver's License # C# # Substance Used: Criminal History?	M.I.  M.I.  State 8 Zip Code:
	Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Sec	First Name First Name City Sumty #:  Secondary C Intoxication/Drug Usage? Mental Illness? Probat	harge:	Driver's License # C# # Substance Used: Criminal History?	M.I.  State 8 Zip Code:  Conviction:
	Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Sec	First Name  First Name  City  Secondary City  Intoxication/Drug Usage?  Mental Illness?  First Name  First Name  City	harge:	Driver's License # C# # Substance Used: Criminal History?	M.I.  M.I.  State 8 Zip Code:  Conviction:  M.I.  M.I.
	Last Name  AKA Last Name  Sex: Race;  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  I Vehicle Make Model  Last Name  AKA Last Name  Sex: Race.	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year:	Social Sec	First Name  First Name  City  Secondary City  Intoxication/Drug Usage?  Mental Illness?  First Name  First Name  City	harge:	Driver's License #.  C# #  Substance Used:  Criminal History?  Prior Felony	M.I.  M.I.  State 8 Zip Code:  Conviction:  M.I.  M.I.
	Last Name  AKA Last Name  Sex: Race;  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year: Street Address: Home Phone:	Social Sec	First Name  First Name  City  Secondary City  Intoxication/Drug Usage?  Mental Illness?  First Name  First Name  City	harge:	Driver's License #  Cff #  Substance Used:  Criminal History?  Prior Felony  Driver's License #:	M.I.  M.I.  State 8 Zip Code:  Conviction:  M.I.  M.I.
	Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year: Street Address: Home Phone: Height: Weight:	Social Sec	First Name First Name City  Secondary C  Intoxication/Drug Usage?  Mental Illness?  First Name First Name City  Curity #:	harge:	Driver's License #  Cff #  Substance Used:  Criminal History?  Prior Felony  Driver's License #:	M.I.  M.I.  State 8 Zip Code:  Conviction:  M.I.  M.I.
	Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #	Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year:  Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	Social Sec	First Name  First Name  City  Secondary C  Intoxication/Drug Usage?  Mental Illness?  First Name  First Name  City  curity #:  Secondary C  Intoxication/Drug Usage?  Mental Illness?	harge:	Driver's License # C# # Substance Used: Criminal History? Prior Felony  Driver's License #: Cil #	M.I.  M.I.  State 8 Zip Code:  M.I.  M.I.  M.I.  State 8 Zip Code:

# SUPPLEMENTAL NON-EMPLOYEE WITNESSES Los Angeles County Sheriff's Department

Page 5 of 5 Non-Employee Witnesses Last Name First Name M.I. Zip Code Street Address Work Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph Last Name M.I. First Name Zip Code Street Address Work Ph Home Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph Last Name First Name Work Ph Street Address Zip Code Home Ph Last Name M.I. First Name Street Address Zip Code Work Ph Home Ph Last Name M.L First Name Street Address Zip Code Work Ph Home Ph Last Name M.I. First Name Home Ph Street Address Zip Code Work Ph First Name Street Address Work Ph Home Ph Zip Code Last Name First Name M.J. Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph